Effective October 1, 2000													47
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	nty	OR	OTHER SMALL	
TOTAL CLAIMS			25				1	RATI	T	FEE		RATE	FEE
FOR amelia			NUMBER FILED		NUMBER EXTRA			BASIC	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			ລ່⊅ minus 20=					X\$ 9		45	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		Á			X40=		80	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT					0				7	<u> </u>		+270=	
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2		+135		7/253	OR		
•									T [	450	OR	TOTAL	
CLAIMS AS AMENDED - PART (I (Column 1) (Column 2) (Column 3)								SMAI	LL E	NTITY	OR	OTHER SMALL	
AMENDMENTA		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	LEST IBER OUSLY	PRESENT EXTRA		RATI	E I	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	· 5	Minus					X\$ 9	. 1	,,,,,	OR	X\$18=	
	Independent	(5	Minus	5	5	=		X40-	. 1		OR	X80=	
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR							+135	_		OR	+270=	
									AL		OR	YOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. F	EEF		30	ADOIT. FEE	
AMENDMENT BY		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 7.	Minus	"	70	•		X\$ 9	-	_(	OR	X\$18=	
	Independent	. 5	Minus	•••	2	•		X40-	- [		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		OR	+270=	
								TO ADDIT. F	EE		OR	ADDIT, FEE	M 14
/ 10/2010 (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY FOR	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.5	Minus	••	20	s —	П	X\$ 9	-		OR	X\$18=	
	Independent	• (	Minus	•••	5	-	1	X40			OR	X80=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_		OR	+270=	
_	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Faid For" IN THIS SPACE is less than 3, enter "2."										OR	TOTAL ADDIT. FEE	
-		mber Previously ( ober Previously Pr	:	19 SDACE	ie lecz Inc	10.3 MIN 11.		ADDIT. F und in th		ropriate bo	x in c	olumn 1.	

**Application or Docket Number**